

ASS. REC. BY: Steve

REF: CS/40120005444/Eqf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMG 5892T Yr Regn: 26/12/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius c.c 1797
 Colour: Black A/C: Insured / Std / NI / NA
 Sp.Reading: 115977 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDZSJE40J036381
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: "
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 4/4/20 D.O.I. 28/4/20
 Survey held at My Car Consultant

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV- 100K</u>

Date/Time, File Pass to? : Preli. Report
10/06/05 Typist : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 2

Date/Time, File Return to?
2)

Report Format : TP
 Lump Sum / ~~LEA~~ (\$) 1900

Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))

Survey Fee:	210
Transportation:	60
____ S + RS, ____ SI	80+80
Photos	46
Others	
TOTAL	476